

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 228BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>		d. STREET ADDRESS <u>unknown</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u> b. (Middle) <u>None</u> c. (Last) <u>GAINES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced - 2</u>	8. DATE OF BIRTH <u>5-22-1891</u>
9. AGE (In years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blouse work</u>	11. BIRTHPLACE (State or foreign country) <u>Baxter Springs, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Watson Gaines</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Thelie E. Young, General Hospital No. 2 K.C. Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thelie E. Young, General Hospital No. 2 K.C. Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Death</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis</u>		<u>29 years</u>
	DUE TO (c) <u>Epilepsy</u>		<u>28 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>026X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 1950, to 1-14-, 1951, that I last saw the deceased alive on 1-14-, 1951, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harriet Thomas</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2</u>	23c. DATE SIGNED <u>1-14-1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirkville</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>

DATE REC'D BY LOCAL REG. <u>Jan 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heater Bowman</u>	ADDRESS <u>Funeral Home St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

leg. Morroway O.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Eugene Wood

Signed.....
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 5th St. St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.